

L21 000334035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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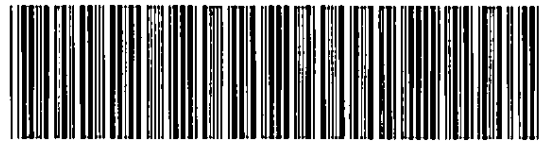
(Business Entity Name)

(Document Number)

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2021 NOV -1 AM 7:25
U.S. STATE
FEDERAL

A. BUTLER

NOV 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAS CAPITAL RENT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMIRO JULIA

Name of Person

AMERICAS CAPITAL RENT LLC

Firm/Company

304 Palermo Avenue

Address

Coral Gables, 33134

City/State and Zip Code

rjuliaok@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAMIRO JULIA

929

529-6028

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AMERICAS CAPITAL RENT LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

AM 7:25

The Articles of Organization for this Limited Liability Company were filed on July 22nd 2021, STATE OF FLORIDA and assigned Florida document number L21000334035.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alejandra Tamara Balsells

New Registered Office Address:

5601 Collins Avenue apt M3.

Enter Florida street address

MIAMI BEACH

City

Florida 33140

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

ABALSells

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEJANDRA TAMARA BASEL	5601 Collins Avenue apt M3,Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN WAISMANN	21209 NE 38TH AVE AVENTURA, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TANGO MANAGEMENT SERVI	21209 NE 38TH AVE AVENTURA, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN PABLO MALDONADO	304 Palermo Avenue Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SILVINA TERRONI	304 Palermo Avenue Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated OCTOBER 21st 2021

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RAMIRO JULIA

Typed or printed name of signee